

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Laurie Elizabeth Alderman

2019 OCT 30 PM 3:38

COURT CASE NUMBER

4:19-cv-5844-KAW

DEFENDANT

City of Cotati et al.

TYPE OF PROCESS

See below

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

City of Cotati

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

City Manager Damien O'Bid, 201 West Sierra Avenue, Cotati, CA 94931

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Laurie Elizabeth Alderman
473 Maple Avenue
Cotati, CA 94931
707-795-1540

Number of process to be served with this Form 285

4

Number of parties to be served in this case

9

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Summons and Complaint, docket numbers 4 and 8

Signature of



Signature of Requester for service on behalf of:

Susan Y. Soong
Jordan Bugar

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

510-637-3537

DATE

10/30/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

4

District of Origin

No. 11

District to Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

AJR

Date

10/30/2019

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed, as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

\$0.00

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Laurie Elizabeth Alderman	COURT CASE NUMBER 4:19-cv-5844-KAW
DEFENDANT City of Cotati et al.	TYPE OF PROCESS ***See below***

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Vicki Parker
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
c/o City of Novato Community Development Department, 922 Machin Avenue, Novato, CA 94945

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Laurie Elizabeth Alderman 473 Maple Avenue Cotati, CA 94931 707-795-1540	Number of process to be served with this Form 285	4
	Number of parties to be served in this case	9
	Check for service on U.S.A.	


SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

FILED
OCT 31 2019
CLERK SUSAN Y. SOONG
U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
OAKLAND OFFICE

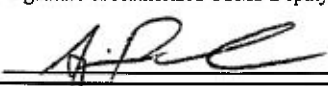
Fold

Fold

Summons and Complaint, docket numbers 4 and 8

Signature of  Susan Y. Soong Original for requesting service on behalf of: Jordan Binger	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 510-637-3537	DATE 10/30/19
--	---	----------------------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk 	Date 10/30/2019
---	--------------------	------------------------------	-----------------------------	--	--------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

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3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Laurie Elizabeth Alderman	2019 OCT 30 PM 3:38 NORTH DISTRICT OF CALIFORNIA OAKLAND	COURT CASE NUMBER 4:19-cv-5844-KAW
DEFENDANT City of Cotati et al.		TYPE OF PROCESS ***See below***

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Michael Parish
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
c/o City of Cotati Police Department, 203 W Sierra Ave., Cotati, CA 94931

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Laurie Elizabeth Alderman 473 Maple Avenue Cotati, CA 94931 707-795-1540	Number of process to be served with this Form 285	4
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

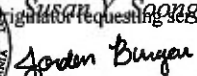
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold


Fold

Summons and Complaint, docket numbers 4 and 8

FILED
OCT 31 2019
CLERK SUSAN Y. SOONG
U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
OAKLAND

Signature of Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 510-637-3537	DATE 10/30/19
---	---	----------------------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4	District of Origin No. 1	District to Serve No. 1	Signature of Authorized USMS Deputy or Clerk 	Date 10/30/2019
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Laurie Elizabeth Alderman

DEFENDANT

City of Cotati et al.

COURT CASE NUMBER

4:19-cv-5844-KAW

TYPE OF PROCESS

See below

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Damien O'Bid

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

500 Piccadilly Pl., Windsor, CA 95492-8349

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Laurie Elizabeth Alderman
473 Maple Avenue
Cotati, CA 94931
707-795-1540

Number of process to be served with this Form 285

4

Number of parties to be served in this case

9

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Summons and Complaint, docket numbers 4 and 8

Signature of



Originator requesting service on behalf of:

Susan Y. Soong
Jordan Binger

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

510-637-3537

DATE

10/30/19

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I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

4

District of Origin

11

District to Serve

11

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

10/30/2019

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

\$0.00

REMARKS:

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1. CLERK OF THE COURT
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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Laurie Elizabeth Alderman	2019 OCT 30 PM 3:38	COURT CASE NUMBER 4:19-cv-5844-KAW
DEFENDANT City of Cotati et al.	DISTRICT OF CALIFORNIA - OAKLAND	TYPE OF PROCESS ***See below***

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
John Moore
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
8592 Lakewood Avenue, Cotati, CA 94931-4468


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Laurie Elizabeth Alderman 473 Maple Avenue Cotati, CA 94931 707-795-1540	Number of process to be served with this Form 285 4
	Number of parties to be served in this case 9
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

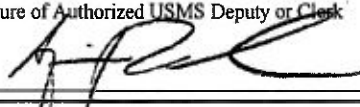
Fold

Fold

Summons and Complaint, docket numbers 4 and 8

Signature of  Susan Y. Soong Originator requesting service on behalf of: Jordan Bugar	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 510-637-3537	DATE 10/30/19
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk 	Date 10/30/2019
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

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PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Laurie Elizabeth Alderman

COURT CASE NUMBER

4:19-cv-5844-KAW

DEFENDANT

City of Cotati et al.

TYPE OF PROCESS

See below

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Susan Harvey

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

65 Nelson Ln., Cotati, CA 94931-9605

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Laurie Elizabeth Alderman
473 Maple Avenue
Cotati, CA 94931
707-795-1540

Number of process to be
served with this Form 285

4

Number of parties to be
served in this case

9

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Summons and Complaint, docket numbers 4 and 8

Signature of



Originator requesting service on behalf of:

Susan Y. Soong
Jordan Binger

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

510-637-3537

DATE

10/30/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.

(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

4

District of
Origin

No. 11

District to
Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

10/30/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

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1. CLERK OF THE COURT
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Laurie Elizabeth Alderman

DEFENDANT

City of Cotati et al.

COURT CASE NUMBER

4:19-cv-5844-KAW

TYPE OF PROCESS

See below

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Wendy Skillman

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

79 William St., Cotati, CA 94931-5211

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Laurie Elizabeth Alderman
473 Maple Avenue
Cotati, CA 94931
707-795-1540

Number of process to be
served with this Form 285

4

Number of parties to be
served in this case

9

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Summons and Complaint, docket numbers 4 and 8

Signature of



Signature of Requester for service on behalf of:

Susan Y. Soong
Jordan Burger

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

510-637-3537

FILED
OCT 31 2019
CLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
OAKLAND OFFICE

10/30/19

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number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

4

District of
Origin

No. 11

District to
Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

A. Paul

Date

10/30/2019

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

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Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Laurie Elizabeth Alderman

2019 OCT 30 PM 3:37

COURT CASE NUMBER

4:19-cv-5844-KAW

DEFENDANT

City of Cotati et al.

TYPE OF PROCESS

See below

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

John DellOsso

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

227 Eagle Drive, Cotati, CA 94931

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Laurie Elizabeth Alderman
473 Maple Avenue
Cotati, CA 94931
707-795-1540

Number of process to be served with this Form 285

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Number of parties to be served in this case

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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Summons and Complaint, docket numbers 4 and 8

Signature of



Signature of Requester requesting service on behalf of:

Susan Y. Soong
Jordan Burger

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

510-637-3537

DATE

10/30/19

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Total Process

4

District of Origin

No. 11

District to Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

Date

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Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

\$0.00

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Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Laurie Elizabeth Alderman	COURT CASE NUMBER 4:19-cv-5844-KAW
DEFENDANT City of Cotati et al.	TYPE OF PROCESS ***See below***


SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Mark Landman
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
365 Maple Avenue Cotati, CA 94931-4180

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Laurie Elizabeth Alderman 473 Maple Avenue Cotati, CA 94931 707-795-1540	Number of process to be served with this Form 285 4	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED U.S. DISTRICT COURT OAKLAND 2019 OCT 30 PM 3:37 </div>
	Number of parties to be served in this case 9	
	Check for service on U.S.A.	

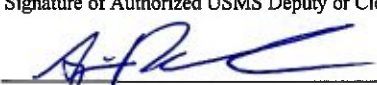
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Summons and Complaint, docket numbers 4 and 8

Signature of  Susan Y. Soong Originator requesting service on behalf of Jordan Bunge	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 510-637-3537	DATE 10/30/19
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk 	Date 10/30/2019
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	<div> Date Time <input type="checkbox"/> am <input type="checkbox"/> pm </div> Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED